## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name MARK'S FEED STORE							Telephone Number 812-949-7427	Date of Inspection	ID#	
Address 3827 CHARLESTOWN ROAD, NEW ALBANY IN 47150						Owr	502-254-1710	03/17/2022		
Owner RYAN BRIDGEMAN							Purpose X Routine	Follow Up	<b>Released</b> 03/17/2022	
Owner's Address 3309 COLLINS LN LOUISVILLE, KY 40245-							Follow-up	-		
Person in Charge KELLI TURNER							ComplaintPre-Operational			
Responsible Person's Email NEWALBANY@MARKSFEEDSTORE.COM							Temporary HACCP	Menu Type 1 2 3 _X 4 5		
Certified Food Handler  BRANDON HARTFIELD JEFF HYBARGER							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	С	NC	R	Narrative		To Be Corrected				
295		Х			food debris on slicer.	Today				
310	X Observed dust buildup on air vents and adjacent ceiling tiles i X Observed backflow prevention valve on top of warewash mac							1 week		
324 X Observed backflow prevention valve o leaking.						n top oi	op of warewash machine to be 1 week			
431	-									
433	X Observed mop not hung to dry.						Corrected			
Summary of Viola	tions	(	-	0 NC	<u>5</u> R <u>0</u>					
Received by (name and title printed):  KELLI TURNER							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
account of (organical).							Thomas Arider			
cc:					cc:			ce:		